

ORDER FORM

SB-2131B Automatic Resuscitator with Manometer

Customer Information:

Contact Name _____ Title _____

Department _____

Mailing Address _____

City _____ State _____ Zip _____

Street Address _____

City _____ State _____ Zip _____

Phone (____) _____ Fax (____) _____

E-mail _____

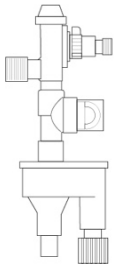
Department Information:

Stations _____ # Fire Engines _____ # Ground Ambulances _____ # Air Ambulances _____

Transports per year _____

<u>Quantity</u>	<u>Description</u>	<u>Unit Price</u>	<u>Extension</u>
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_____ cases	SV2131-B Automatic Resuscitator with Manometer & Flex Hose (Packaged and sold in cases of 4 units per case)	\$609.00 case	\$ _____
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Shipping and handling (Contiguous 48 United States) \$15.00 per case \$ _____

Sales Tax (7.75%) California customers \$ _____

(If tax exempt, please provide your Tax I.D. # _____)

TOTAL \$ _____

1) Our check # _____ is enclosed in the amount of \$ _____

OR

2) Please bill our credit card. Card # _____

*** We currently accept Visa and MasterCard and American Express only.**

Name as it appears on the card: _____ Exp Date _____

Signed _____

Printed Name _____ Title _____

Thank you for your order. We appreciate your business.
Should you have any questions, please feel free to contact us at 1-800-633-5900. Rev 1/25

ORDER FORM

SB-2131-10B Automatic Resuscitator with Manometer

Customer Information:

Contact Name _____ Title _____

Department _____

Mailing Address _____

City _____ State _____ Zip _____

Street Address _____

City _____ State _____ Zip _____

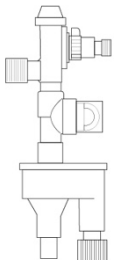
Phone (____) _____ Fax (____) _____

E-mail _____

Department Information:

Stations _____ # Fire Engines _____ # Ground Ambulances _____ # Air Ambulances _____

Transports per year _____

<u>Quantity</u>	<u>Description</u>	<u>Unit Price</u>	<u>Extension</u>
_____ cases	SV 2131-10B Automatic Resuscitator with Manometer & Flex Hose (Packaged and sold in cases of 10 units per case)	\$1520.00 case \$ _____	
	Shipping and handling (Contiguous 48 United States) \$20.00 per case		\$ _____
	Sales Tax (7.75%) California customers		\$ _____
	(If tax exempt, please provide your Tax I.D. # _____)		
		TOTAL \$	_____

1) Our check # _____ is enclosed in the amount of \$ _____

OR

2) Please bill our credit card. Card # _____

*** We currently accept Visa and MasterCard and American Express only.**

Name as it appears on the card: _____ Exp Date _____

Signed _____

Printed Name _____ Title _____

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